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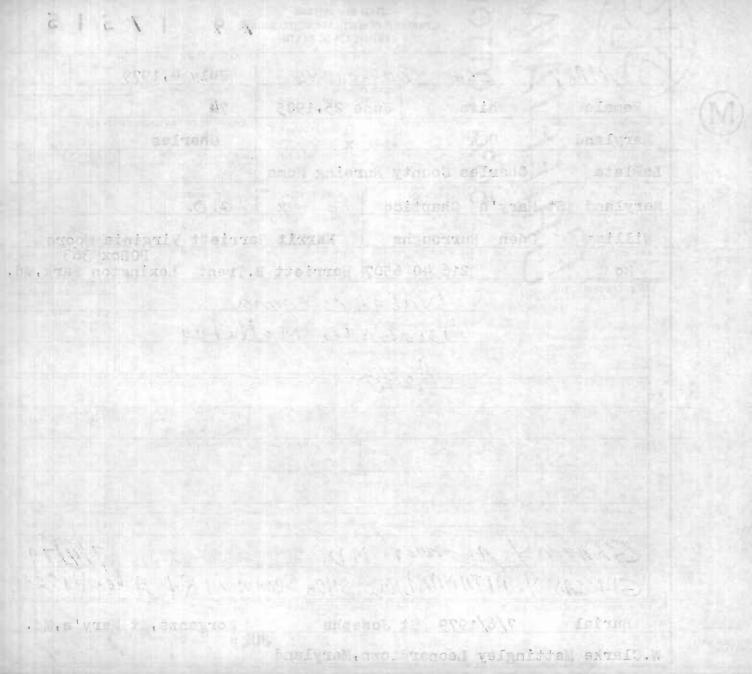
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 2n. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR (Type or print) Elechor Virginia Brooks 4 RACE S. DATE OF BIRTH 6. ACE (In years SE LINDER 1 YEAR IF UNDER 24 HRS White January 5. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Charles DIVORCED WIDOWED TO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Infran Head BALTIMORE, MARYLAND 21201 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Indian Hedo Oct maker 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Richard Brydy WilhEmind 160 WAS DECEASED FOR IN ILS ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 214 48 6288 Wilhings Kriksten 42 Mithal so 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: Date Congestine Tailure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Arterioscherotie Heart Dissise Conditions, if ony, which gave) 5 46d M rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? NO DE YES M 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Tawn County While Nat while at wark causes stated above (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED adn & A Susen how DEGREE PHYS. MED.
DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Frenk A. Susan D.D. Rt. 1Box 164 H. Judan Head. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) 7-23-79 TREMOVE SPEIFY St. John's Cemetery Pomonkey, Charles, Md. The Huntt Funeral Home Waldorf, Maryland DHMH-16 1/71 30M (VR A15 (4))

B I C T I F T I S I S I S Powerst 7-32-79 St. John's Cemetery Powerlow, Charles, Md. Tio Frank tuneral Market , Entresent Step 1

STATE OF MARYLAND



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| | 1 - | FOR STATE REGISTRAR | DEPA | ARTMENT OF HEALTH CERTIFICATE | | ENEY 9 | 175 | 17 |
| m c | | CEASED NAME FIRST | WIDDLE | LAST | | 20. DATE OF DEATH | MONTH DAY YEAR | 2h HOUR |
| od y | | ORPRINT) Harr | 'y Jahn | Dorse | ey | 7/21/79 | | 7:20P M |
| ge 4 mo | 3 SEX | male | A RACE Negro | 5 DATE OF BIRTH | 5/1910 | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAY: | |
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| by the filed with | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Physisian Ma | TREET ADDRESS) | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | O OF BUSINESS OR |
| lled in l | USU/ 130. S | TATE 13b COU | OR OTHER INSTITUTION, GIVE RESIDENCE B INTY 13 CITY OR T | EFORE ADMISSION) | SIDE CITY LIMITS? | 13e STREET ADDRESS | 206 | 37 |
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| tend on, c | - 3 | Conditions, if ony, which | DUE TO, OR AS A CONSE | QUENCE OF | | | 7 200 | |
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| cre othe | | underlying couse lost. | DUE TO, OR AS A CONSE | OUENCE OF | | | | |
| burial bury, ar | 7 | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RE | LATED TO THE TERMIN | NAL DISEASE OR COND | DITION GIVEN IN PART | 1(01 |
| y inje | CERTIFICATION | | | | | | | |
| e pride | FICA | 190 DATE OF OPERATION | 196 CONDITION FOR WH | IICH OPERATION WAS | PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND IN CERTIFYING CAUSE | ES OF DEATH? |
| gien | RTII | | | | | YES NO | YES [| NO [] |
| m 18 sh | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE | | DAY YEAR | OW INJURY OCCURRE | D (ENTER NATURE OF INJURY | Y IN ITEM 18, PART 1 OR PART 2) | |
| ental ental | CA | LIF EITHER, NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | |
| N P | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | | STREET | CITY OR TOW | N COUNTY | STATE |
| h ar | ~ | AT WORK NOT WHILE AT WORK | | | , | | / | |
| s m | 15 | 22a I certify that (1) (this hosp | nital) attended the deceased fro | m 7/24 | 74.19 74 | _, to | 12/ 1979 | _, that (I) (we) last |
| 2 4 5 | | sow the deceased plive or obove. (1) (we) (did) (did no | ot) view the body offer death. | 9_77_, and that i | n (<u>my)</u> (our) opinion de | eath occurred on the do | te and hour and from 1h | ne couses stated |
| lRE(hed ept fem | | 126 SIGNATURE 1 | 1 | DEGREE | | | 22c. DAT | TE SIGNED |
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| AN AN | | 124 PHYSICIAN'S NAME TYPE | ok men | 22e. A | DDRESS | | 1 , / | - 1/ |
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| shoul with IMPO | 23n B | URIAL, CREMATION, REMOVAL | | 23c. NAME OF CEMETER | | 23d LOCATION | Md. | |
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| | _ | INERAL DIRECTOR | July 25/79 | rorest | | Clinton REC'D. BY REGISTRAR 2 | | ATURE |
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| M | | | CEASED NAME FIRST | WIDOFE | LAST | REG. NO. 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| \$ 6 5 V | | (TYPE | Dovd | Mason | finall | 7 | 12 79 12:49 |
| a p | 1 | 3 SE | | 4 RACE | 5 DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR # UNDER 24 HRS |
| rector urs of | | | male | white | 2 26 00 | 70 YRS. | MONTHS DATS HOOKS MIN |
| ol din | oce. | 7a. BI | RTHPLACE (STATE OR FOREIGN DUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED EX VEVER MARRIED | BALTIMORE CITY OR COUNTY | OF DEATH |
| uner Jun 7 | 0 | | rginia | U.S.A. | WIDOWED DIVORCED | Charle | MD. |
| ¥ × × | atified | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION ADDRESS) | 120 USUAL OCCUPATION CONTROL OF WORKING LIE | 12b. KIND OF BUSINESS OR E) INDUSTRY |
| filed | 000 | 4 | +1°4-14 | Physicians 1 | Memorial Hosp. | Retired | self employ. |
| ed in | d tsu | 13a. S | STATE IS AL RESIDENCE (IF NURSING HOME OR 13b. COUN | NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW | /N 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | |
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| nd 2 | E C | | FIRST | MIDDLE LAST | FRST | WIDDLE | LAST |
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| ages | edice | 100 (| (IF YES, GIVE | E WAR OR DATES) | | | 1 1 20.662 |
| ers. P | hem | | No | 218-16- | | all-Nanjemoy, Mar | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| pope | ent, t | | PART I. DEATH WAS CAUSE | | in Also L | | BETWEEN ONSET AND DEATH |
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| tend e ca | umat | | Conditions, if ony, which | DUE TO, OR AS A CONSEQU | TELLE CILL | horaset lu | 10an |
| enav matir | rtro | | gove rise to immediate cause (a), stating the | (b) 1.7 0 1220 | The Colu | | |
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| nen pie | jury, ar | z | PART 2. OTHER SIGNIFICANT (| | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIV | EN IN PART Trai |
| rmit. T | ony in | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | S, WERE FINDINGS USED |
| perr | sws o | FE | | | | / | YING CAUSES OF DEATH? |
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| Mental Hygi | ea 1 | | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | |
| | or He | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | CITY OR TOWN | COUNTY STATE |
| puou | rked . | 3 | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, | AKM, EIC.) | 2 Lilia | 7 A |
| use a | E | | 22a.l certify that (I) (this hospi | ital) attended the deceased from | 19 Avy 19 50 | 8, 10 // Jaly | 19, that (1) (yes) last |
| O H | 21 : | | saw the deceased alive an above, (1) (we) (did) (did no | it view the body ofter death. | 2 , and that in (my) (aut) apinion | death occurred on the date and hou | or and from the causes stated |
| chea)ept | Item | | 226. SIGNATURE | 11 | DEGREE | MOUNTE FUTOES | 27c. DATE SIGNED |
| ote D | # | | - 9/Mnn | 7/10/09. 11 | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 12 July 19 |
| 0 10 | TAN | 1 | TIL PHYSICIAN'S NAME (TYPEO | PR PRINT) | 22e. ADDRESS | , , | 4 0 1 |
| should be with the | MPORTANT | | HETHUR (). | WOODUX. M. | D JAZUNON C | LINIC, LAKLATA | MDday |
| ± 3 | 3 | 23a | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| | _ | | Burial | &7-14-1979 N | anjemoy Baptist Ce | m. Nanjemou Cha | irles Maryland |
| 50M 7/2 | 77 | 24. F | | Home, Incaporela | Plata, MD. 250. DA | TE REC'D. BY REGISTRAR 256. REGIST | RAR'S SIGNATURE |
| 13 (4)) | | Ch | chart Frances | 1 Home Inc. | -Lab lata, md. | OF TO 1919 | |



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saving ourselfore, spe. to have il.

FOR

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HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 YES, WERE FINDINGS LISED CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death accurred on the date and hour and from the couses state 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Charles St. Ignatius Cemetery BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ANGRANT Properat Home. DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENEY

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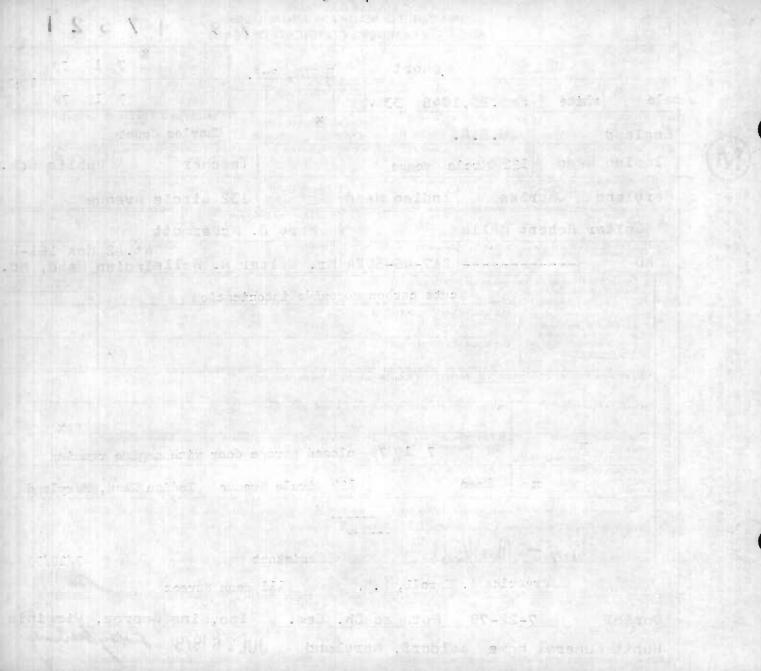
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| BALT | ote b sicial pers. | | 18 CAUSE OF DEATH (Enter | r only one cause per | | | | | | | IMATE INTERVAL ONSET AND DEATH |
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| DIVISION OF VITAL RECORDS. | ow re | CERTIFICATION | 190 DATE OF OPERATION | IVIL CONDI | TION FOR V | VHICH OPERATIO | N WAS PERFORMED | 20a AUTOPS | ? 20b. IF YE | S, WERE FINDIN | NGS USED |
| AL R | The lo | RTIF | 7/17/79 | the | deny , | Liveter | du or care | YES NO | | FYING CAUSES | OF DEATH? |
| I V | SICtAN: The physicion of physicion certificate I riol-transit entol Hygie Item 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 216. TIME O | FINJURY M. MONT | H DAY YEAR | 21c. HOW NJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM 18. | PART 1 OR PART 2) | |
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| à | DING or of After se os de os de or of the of the of the or or | | AT WORK AT WORK | amiamis maan dindeah | | 10/97 | 1 12 -38 | Provide the second | /. 7 | 7 - | |
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| | OR AT be hasp DIREC sched f Dept. of If Item 3 | | obove (I) (we) (did) (did) | not) view the body | ofter death. | 1 | DEGREE | | | 22c DATE | |
| | | | Tautto) | nichel | -an | () | ATTENDING PHYSICIAN | MEDICAL DIRECTOR 1 | STAFF | 7/10 | 175 |
| | - Q III 0 X 7 11 | - 8 | 270. PHYSICIAN'S NAME (TYP | PE OR PRINT) | | | 22e. ADDRESS | DIRECTOR | HI SICIAN L | 1/101 | // |
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| | 7 5 5 7 3 ₹ | 23a. B | URIAL, CREMATION, REMOV | | | | EMETERY OR CREMATORY | 23d. LOCATIO | | COUNTY | CYAYC |
| | BP | , | Burial | 7/21/ | 1979 | Brice C | hapel Cemeter | u La Pl | ata Ch | county | anuland |
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STATE OF MARYLAND



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENJE

CERTIFICATE OF DEATH

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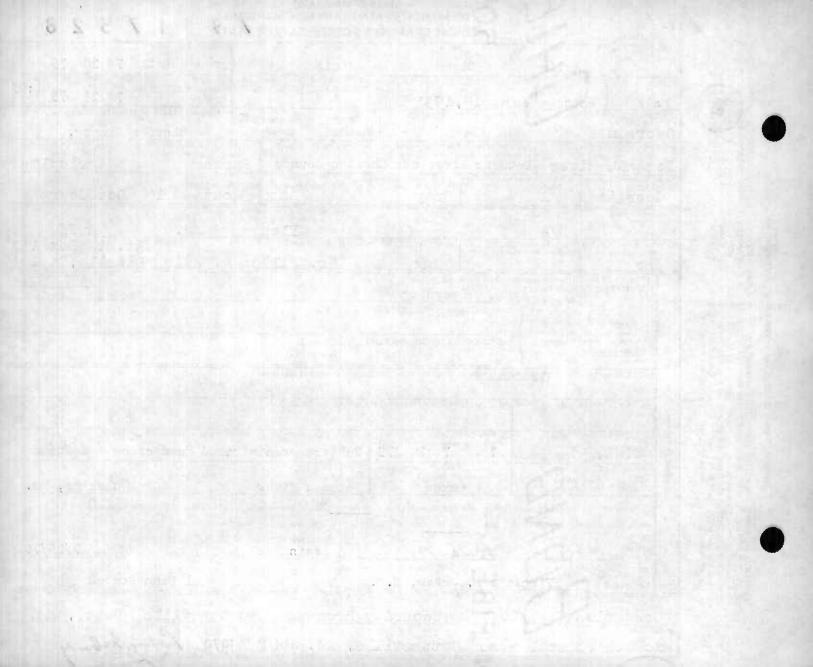
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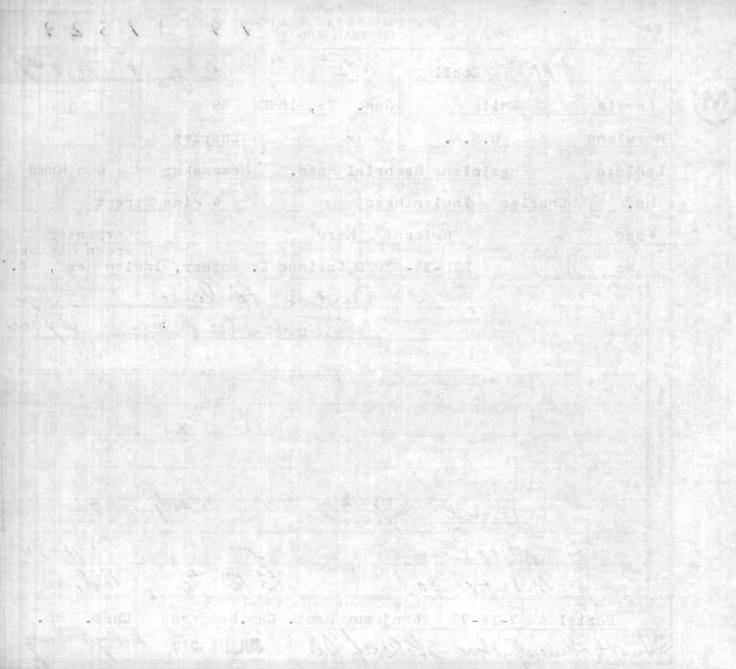
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Robt E Wilhelm Funeral Home 4308 Suitland Rd., Suitland, Md.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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